



PTO/SB/17 (10-08)  
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Effective on 12/08/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

## FEE TRANSMITTAL For FY 2009

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ ) 1,580.00

### Complete if Known

Application Number	10/715,229-Conf. #5733
Filing Date	November 17, 2003
First Named Inventor	Tariq M. RANA
Examiner Name	K. Chong
Art Unit	1635
Attorney Docket No.	UMY-041RCE2

### METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_  
☒ Deposit Account Deposit Account Number: 12-0080 Deposit Account Name: Lahive & Cockfield, LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee  
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

### FEE CALCULATION

#### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	

#### 2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	52	26
Each independent claim over 3 (including Reissues)	220	110
Multiple dependent claims	390	195

Total Claims - 20 or HP Extra Claims x Fee (\$) = Fee Paid (\$)  
HP = highest number of total claims paid for, if greater than 20.

Indep. Claims - 3 or HP = Extra Claims x Fee (\$) = Fee Paid (\$)  
HP = highest number of independent claims paid for, if greater than 3.

#### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

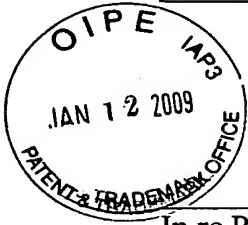
Total Sheets - 100 = Extra Sheets / 50 = Number of each additional 50 or fraction thereof x Fee (\$) = Fee Paid (\$)

#### 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)  
Other (e.g., late filing surcharge): 2801 Request for continued examination (RCE) (see 37 ... 405.00  
2255 Extension for response within fifth month 1,175.00

SUBMITTED BY		Registration No. (Attorney/Agent)	See below	Telephone	(617) 994-0781
Signature	Jill A. Mello, Ph.D. (Reg. No. 55,450)				
Name (Print/Type)	for Debra J. Milasincic, Esq. (Reg. No. 46,931)		Date	January 12, 2009	

Express Mail Label No. EM 192 983 257 US Dated: January 12, 2009



Docket No.: **UMY-041RCE2**  
(PATENT)

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Patent Application of:  
Tariq M. Rana

Application No.: 10/715,229

Confirmation No.: 5733

Filed: November 17, 2003

Art Unit: 1635

For: ALLELE-TARGETED RNA INTERFERENCE

Examiner: K. Chong

**REQUEST FOR CHANGE OF ATTORNEY DOCKET NUMBER**

MS RCE  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Madam:

The Attorney Docket Number of the above-identified patent application has changed. Please take notice that the Attorney Docket Number for this application should now be as follows:

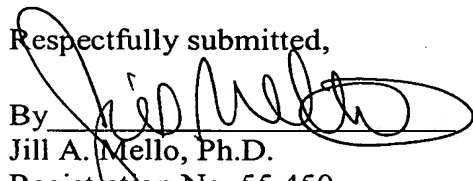
**UMY-041RCE2**

Please reference **UMY-041RCE2** on all future correspondence.

Dated: January 12, 2009

DJM/JAM/mch

Respectfully submitted,

By   
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